

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		March	22	51			
Sex	Male		Color or Race	Black		Birth-place	Port Island Md
Occupation	Farmer Hand		Where Residing if not at place of death		✓		
Married, Single or Widowed	Widow		Name of Wife or Husband		✓		
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	Kate Henry				How related to deceased	Cousin	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	8 hours
Immediate	✓	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	W. M. [Signature]
		Address	Essex Md
Accident or Suicide?	✓		

For

Mr

Name
in
Full

Mamie Brice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

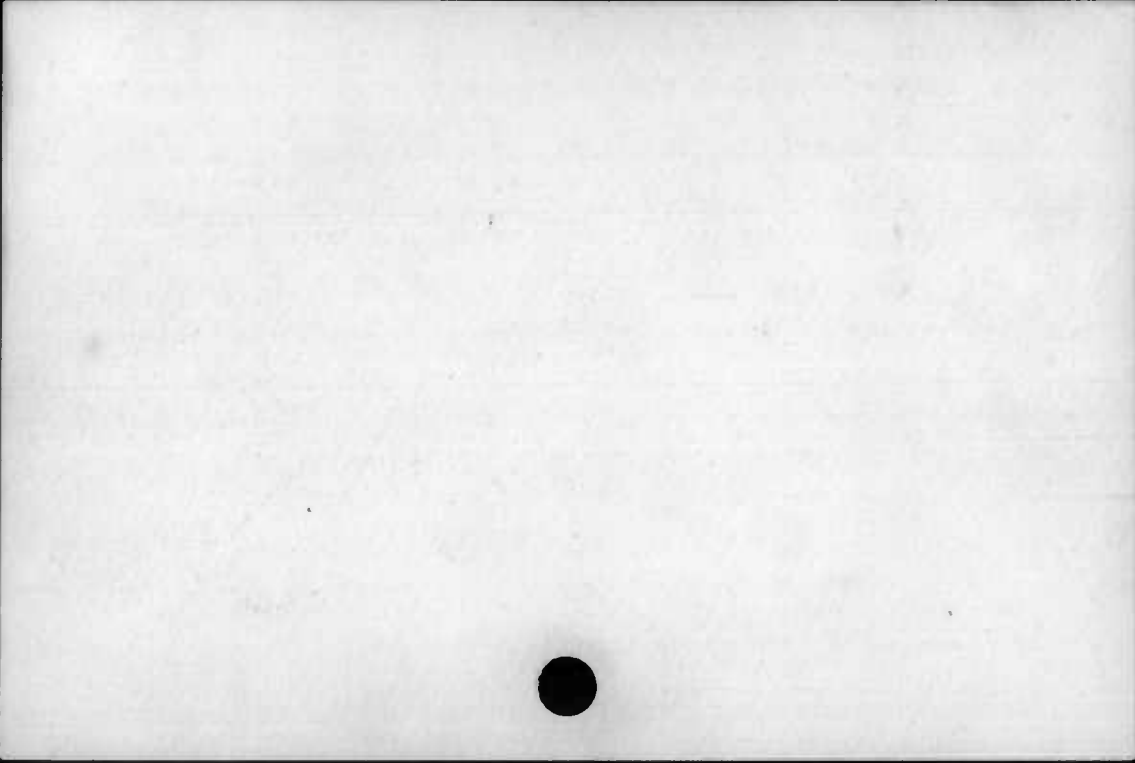
Died at		Town <u>Bellerton</u>		County <u>Kent</u>		STATE <u>MARYLAND</u>	
Date of death	190 <u>8</u>	Month <u>March</u>	Day <u>12</u>	Age <u>38</u>	Years <u>9</u>	Months <u>9</u>	Days <u></u>
Sex	<u>female</u>		Color or Race	<u>White</u>		Birth-place	<u>U. S.</u>
Occupation	<u>housewife</u>		Where Residing if not at place of death				
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Thomas Brice</u>			
Father's Name	<u>John Leigh</u>				Father's Birthplace	<u>England</u>	
Mother's Maiden Name	<u>Cecelia Townsend</u>				Mother's Birthplace	<u>Ind.</u>	
Name of person giving information	<u>Thomas Brice</u>				How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>I do not know</u>
Immediate	<u>Paralysis of the heart-</u>	How long	<u>short time</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>H. Lane Jm. Luf</u>
		Address	<u>Bellerton</u>
			<u>Kent- Co. Ind</u>
Accident or Suicide?			



Name
in
Full

Wilbur Broadway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

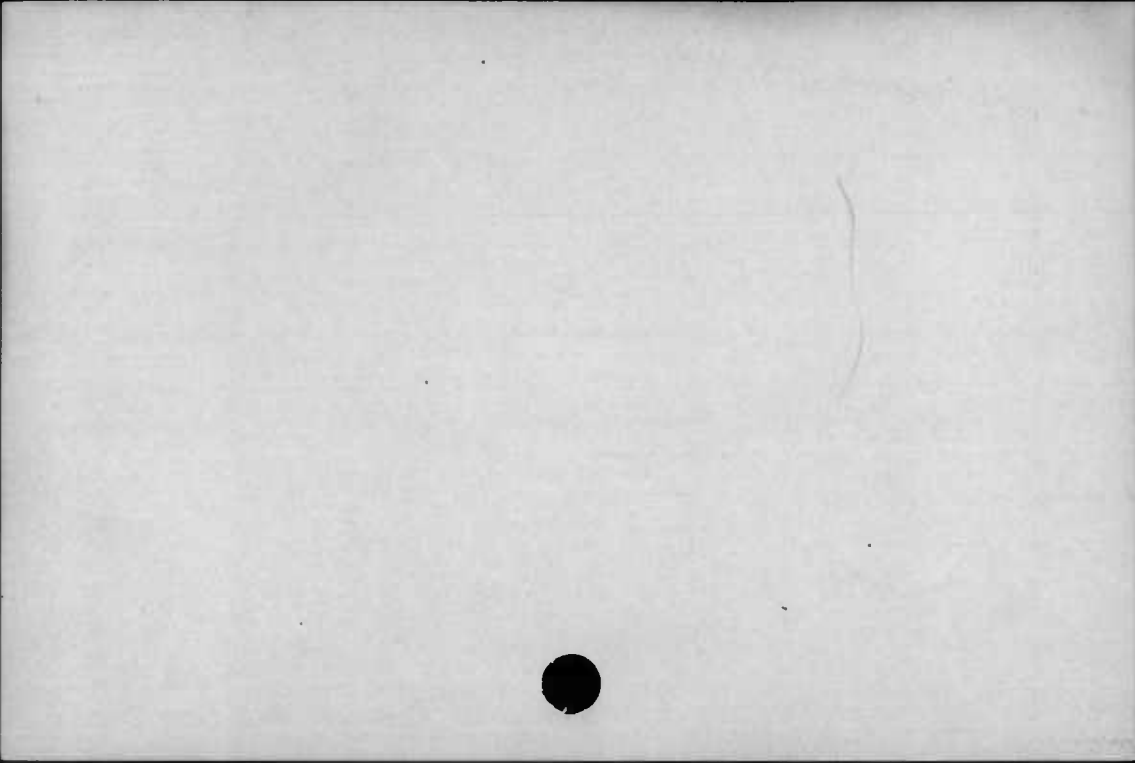
Died at <u>Chestertown, Md</u>		<u>Kent</u> County		MARYLAND	
Date of death	1908	Month	March	Day	16
		Age	6	Years	
		Months	18	Days	
Sex	Male	Color or Race	Colored	Birth-place	Chestertown
Occupation	School-boy	Where Residing if not at place of death	Chestertown		
Married, Single or Widowed	Single	Name or Wife or Husband			
Father's Name	John Wesley Broadway	Father's Birthplace	Chestertown Pa		
Mother's Maiden Name	Laura Murray	Mother's Birthplace	Kent Co		
Name of person giving information	John Wesley Broadway	How related to deceased	Father		

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Tubercular Peritonitis	How long	About 2 months
Immediate	Insanition	How long	About 6 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank B. Hines M.D.
		Address	Chestertown Md
Accident or Suicide?	No		



Name
in
Full

Thomas Buchanan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Worton ^{Town} Point		County		Kent		MARYLAND	
Date of death		1908	Month	May	Day	10	Age	Years	70
Sex		Male		Color or Race		Ccol		Birth-place	
Occupation		None		Where Residing if not at place of death					
Married, Single or Widowed		Widow		Name of Wife or Husband		Elin Johnson			
Father's Name		Mr. Johnson		Father's Birthplace		Mr. Johnson			
Mother's Maiden Name		Vina Kaylor		Mother's Birthplace		Md			
Name of person giving information		Alice Corneggs		How related to deceased		Nephew			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Cardiac disease	How long	
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Attending
		Address	114 E. Main St. Local Board of Health Christiansburg
Accident or Suicide?	No		

St. Georges Colored
Cemetery.

Worton Point,
Kent Co.
Md.

John N. Dodd
Undertaker.

Name
in
Full

Mary A Cadwalder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesestown</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Mar</i>	Day	<i>13</i>
Age	<i>75</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>George R Cadwalder</i>		
Father's Name	<i>Andrew J Pinder</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>(?) Start</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Husband</i>		How related to deceased		

CAUSES OF DEATH

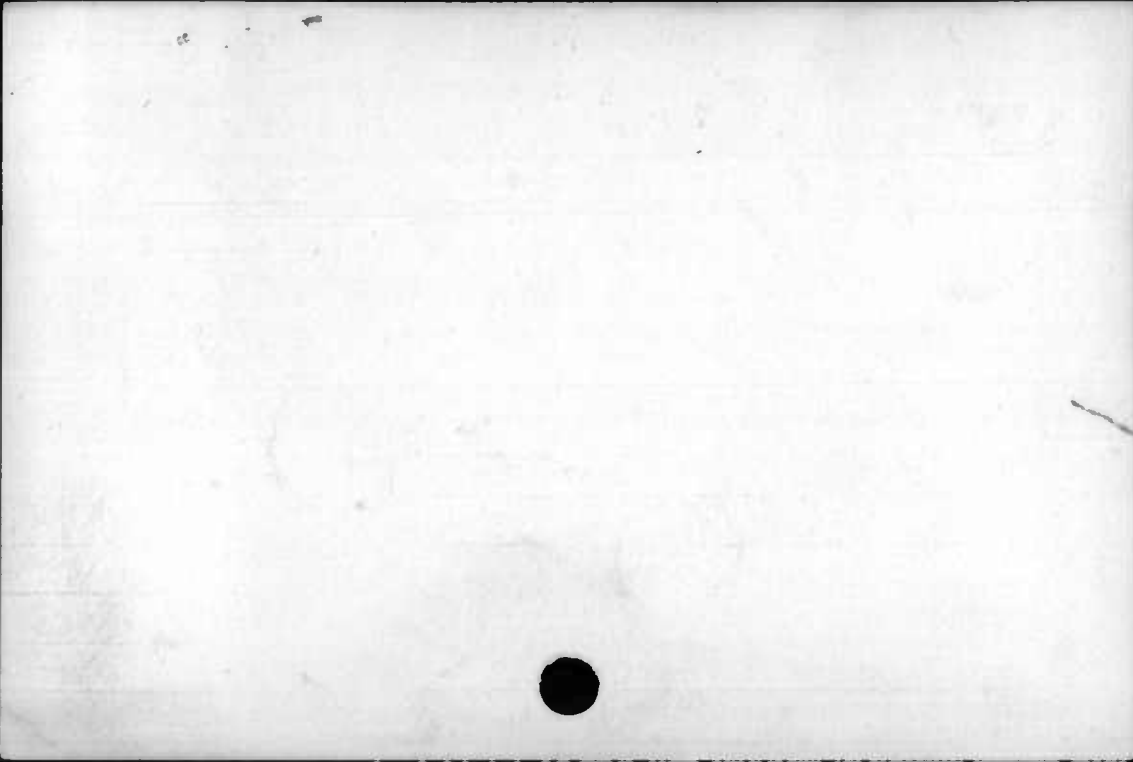
79

PHYSICIAN
OR CORONER

Primary	<i>Mutual regurgitation</i>	How long	<i>2 yrs</i>
Immediate	<i>Cardiac insufficiency</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. G. Sampson</i>
		Address	<i>Chesestown</i>
Accident or Suicide?	<i>No</i>		



Name in Full		Mary Carroll				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town <u>Sandwich</u>		County <u>Hent</u>		MARYLAND	
	Date of death	Month <u>1908 March</u>	Day <u>23rd</u>	Years <u>75</u>	Months <u>—</u>	Days <u>—</u>	
	Sex	<u>Female</u>		Color or Race	<u>Black</u>		
	Occupation	<u>Hub</u>		Where Residing if not at place of death	<u>—</u>		
	Married, single Widowed	Name of Wife or Husband <u>Richard Carroll</u>					
	Father's Name	<u>Don't Know</u>			Father's Birthplace	<u>Don't Know</u>	
	Mother's Maiden Name	<u>Don't Know</u>			Mother's Birthplace	<u>Don't Know</u>	
	Name of person giving information	<u>Dred Christy</u>			How related to deceased	<u>None</u>	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">97</div>							
PHYSICIAN OR CORONER	Primary	<u>Asthma</u>			How long	<u>1 yr.</u>	
	Immediate	<u>Asthma</u>			How long	<u>1 yr.</u>	
	Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>			Signature of Physician	<u>Chas. S. Ritchie</u>	
	Accident or Suicide?	<u>—</u>			Address	<u>Middletown, Md.</u>	



Name
in
Full

William Darrell

CERTIFICATE OF DEATH

Died at ^{Town} Millington

County Kent

MARYLAND

Date of death 1908 March

Day 14 Age About 60

Months

Days

Sex Male

Color or
Race

White

Birth-
place

Delaware

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
HusbandFather's
Name

Henry Darrell

Father's
Birthplace

Delaware

Mother's
Maiden Name

Annie Robinson

Mother's
Birthplace

Delaware

Name of person giving
Information

William Darrell.

How related
to deceased

Son

CAUSES OF DEATH

93

Primary

Lobar Pneumonia

How long

Six days

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

N M Jeter M.D.

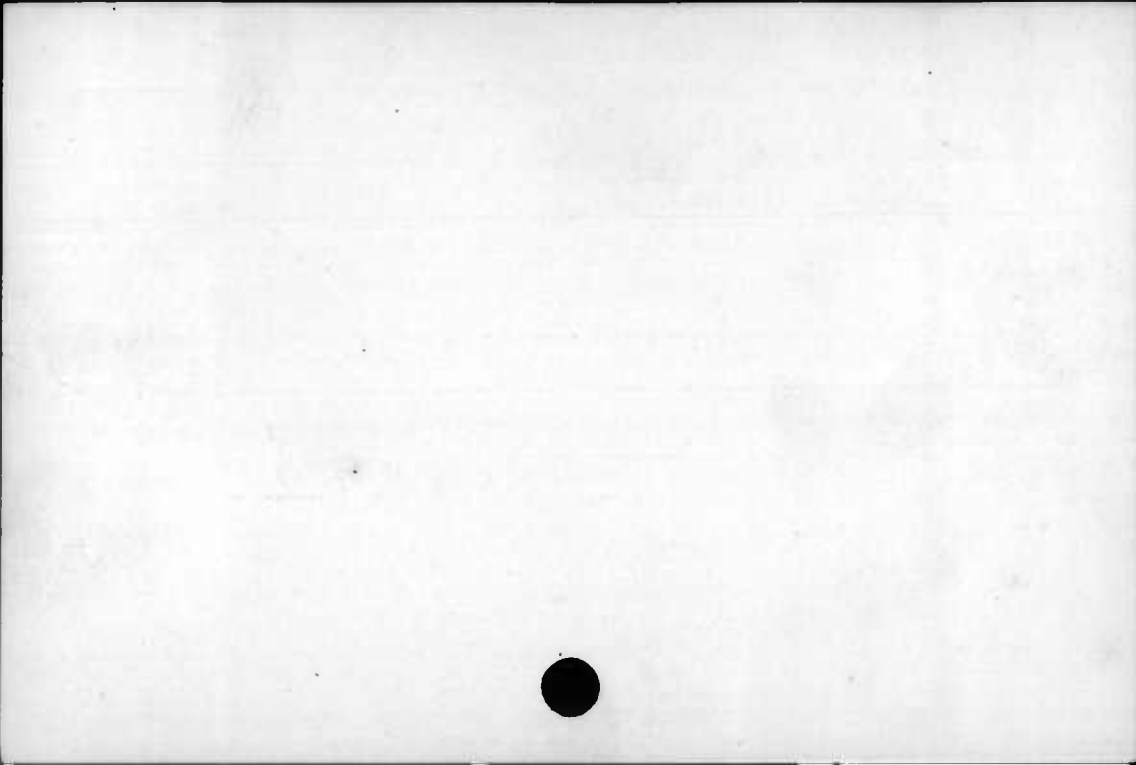
Address

Millington.

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Sam'l. H. Freely.		Town		County Kent		CERTIFICATE OF DEATH	
Died at		Month March		Day 21		Age 2	
Date of death 1908		Month March		Day 21		Age 2	
Sex Male		Color or Race Black		Birthplace Chicklin md.		Months 2	
Occupation none		Where Residing if not at place of death				Days	
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband					
Father's Name Sam'l Freely		Father's Birthplace Kent Co md.					
Mother's Maiden Name Martha Starling		Mother's Birthplace 16. C. md.					
Name of person giving information Sam'l. Freely		How related to deceased Father					
		CAUSES OF DEATH					
Primary Therms		How long 3 days					
Immediate yes		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. W. Whalton					
		Address Specht					
Accident or Suicide?							

Jan 20 1911

Name
in
Full

William Tapley George

CERTIFICATE OF DEATH

Died at ^{Town} Near Rock Hall^{County} Kent

MARYLAND

Date of death 1908 ^{Month} Mar ^{Day} 28 ^{Years} Age 76 ^{Months} 10 ^{Days} 25-Sex ^{Male} Color or Race ^{White} Birth-place ^{Virginia}Occupation ^{Waterman} Where Residing if not at place of death ^{at Place of Death}Married, Single or Widowed ^{Married} Name of Wife or Husband ^{Isabell George}Father's Name ^{Michael George} Father's Birthplace ^{Virginia}Mother's Maiden Name ^{Elizabeth Wilder} Mother's Birthplace ^{Virginia}Name of person giving information ^{Isabell George} How related to deceased ^{Wife}

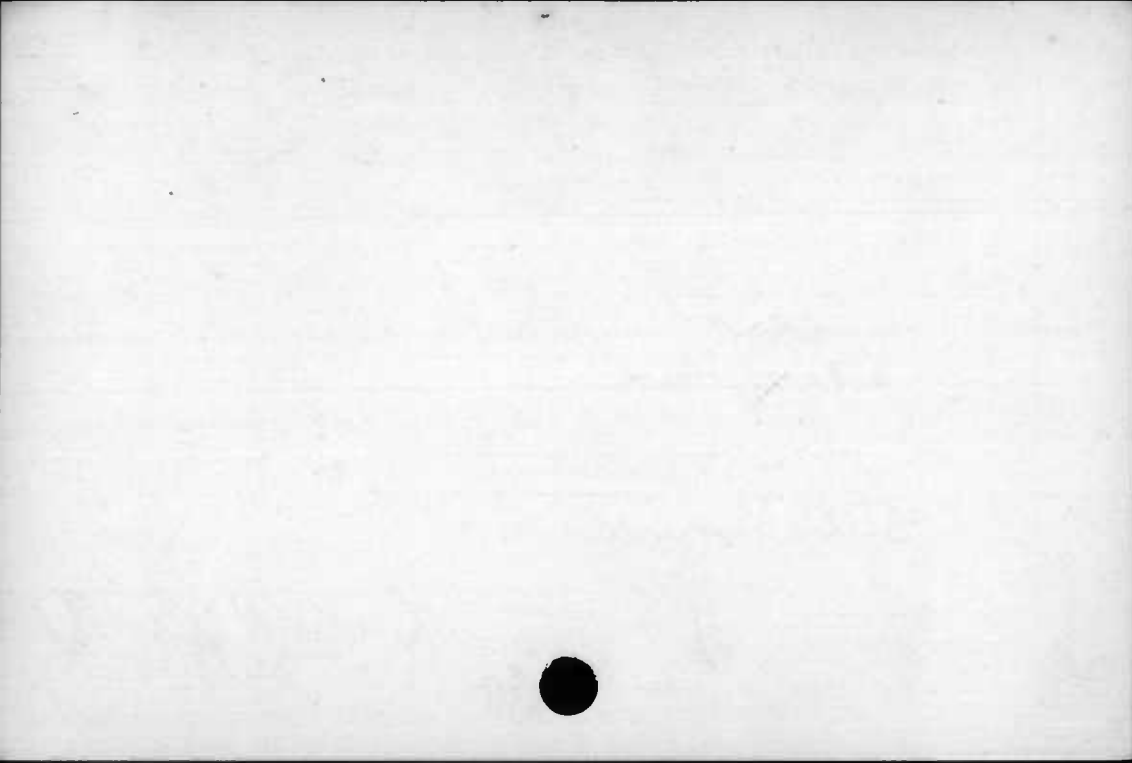
CAUSES OF DEATH

179

Primary ^{General debility} How long ^{18 months}Immediate ^{Exhaustion} How long ^{2 days}Are the name, age, sex, color, date and place correctly given above? ^{yes} Signature of Physician ^{Walter L. Lee M.D.}Address ^{Rock Hall, Md.}

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Still Born Infant		Hackett County Kent		CERTIFICATE OF DEATH	
Died at		Hear Lynch Town		Kent		MARYLAND	
Date of death	1909	Month	March	Day	26	Age	Years
Sex		Male		Color or Race		Black	
Occupation				Birthplace		Ind	
Married, Single or Widowed				Where Residing if not at place of death			
Father's Name		Samuel W. Hackett		Father's Birthplace		Ind	
Mother's Maiden Name		Irene Ringold		Mother's Birthplace		Ind	
Name of person giving information		Hackett		How related to deceased		father	
CAUSES OF DEATH							
Primary		Still Born		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes,		Signature of Physician		Lewis P. Atwell M.D.	
				Address		Still Pond, Ind,	
Accident or Suicide?							

Montana Branch.

Name
In
Full

Emma Bell Jones

CERTIFICATE OF DEATH

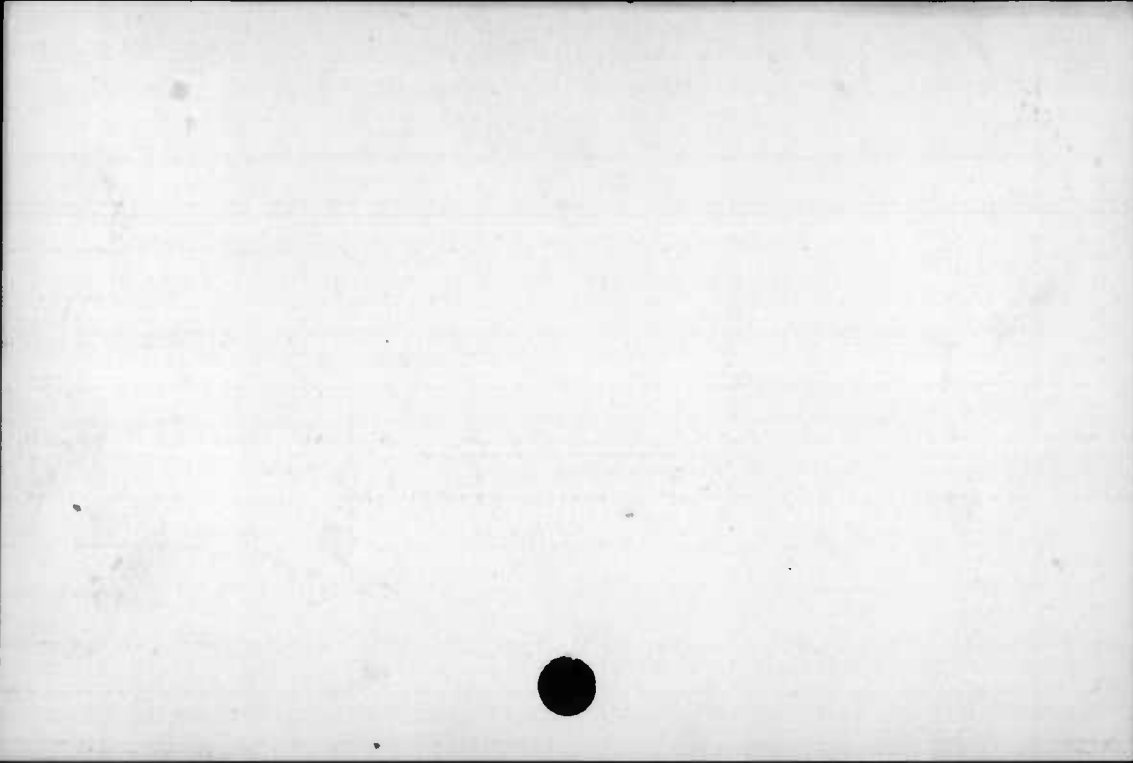
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Fairlee</i>		Town		County		MARYLAND	
Date of death	190	Month	March	Day	1st	Age	50
Sex	male	Color or Race	White	Birth-place	Ind	Months	11
Occupation	work			Where Residing if not at place of death			
Married, Single or Widowed	M			Name of Wife or Husband			
Father's Name	John R. Bruff			Father's Birthplace			
Mother's Maiden Name	Sarah C. Colquhoun			Mother's Birthplace			
Name of person giving information	William Jones			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes Mellitus		How long	50
Immediate	Gastro-Intestinal		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Junius Jones</i>			Town <i>Locust-Grove</i>		County <i>Stent</i>		MARYLAND						
Died at		Date of death		Month		Day		Years		Months		Days	
1908		Mar		9		Age		about 60 yrs.					
Sex <i>male</i>				Color or Race <i>black</i>				Birth-place <i>Maryland</i>					
Occupation <i>Farm laborer</i>						Where Residing if not at place of death							
Married, Single or Widowed						Name of Wife or Husband <i>Annie Jones</i>							
Father's Name <i>Not known</i>						Father's Birthplace <i>Not known</i>							
Mother's Maiden Name <i>Not known</i>						Mother's Birthplace <i>Not known</i>							
Name of person giving Information						How related to deceased							

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Cerebral Apoplexy.</i>		How long <i>6 hours</i>	
Immediate <i>Heart Failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. S. Darvick</i>	
		Address <i>Kennedyville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Betterton</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	Month <i>Mar</i>	Day <i>29</i>	Age <i>73</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>England</i>			
Occupation <i>retired</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Edith Turner</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>John Boone</i>	How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Bright's disease & Tuberculosis</i>	How long <i>Do not know</i>
Immediate <i>Heart failure</i>	How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Finley</i>
	Address <i>Betterton Kent. Co.</i>
Accident or Suicide?	

Still Pond

Name
in
Full

John G. Newcomb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

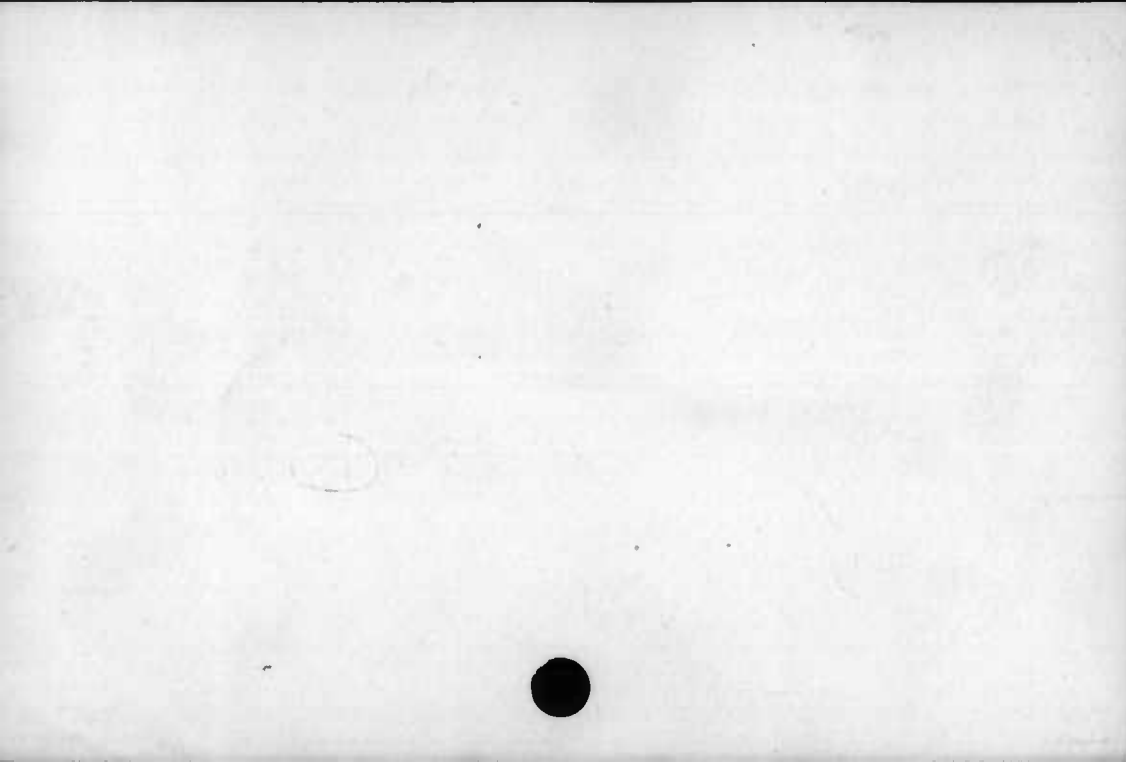
Died at <i>near Still Pond</i> <small>Town</small>		<i>Hunt</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>Mar.</i>	Day <i>9</i>	Age <i>72</i>	Months <i>2</i>	Days <i>✓</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>U.S.</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Matilda Reed</i>			
Father's Name <i>John Newcomb</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Hennetta Wilton</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Elsworth Newcomb</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

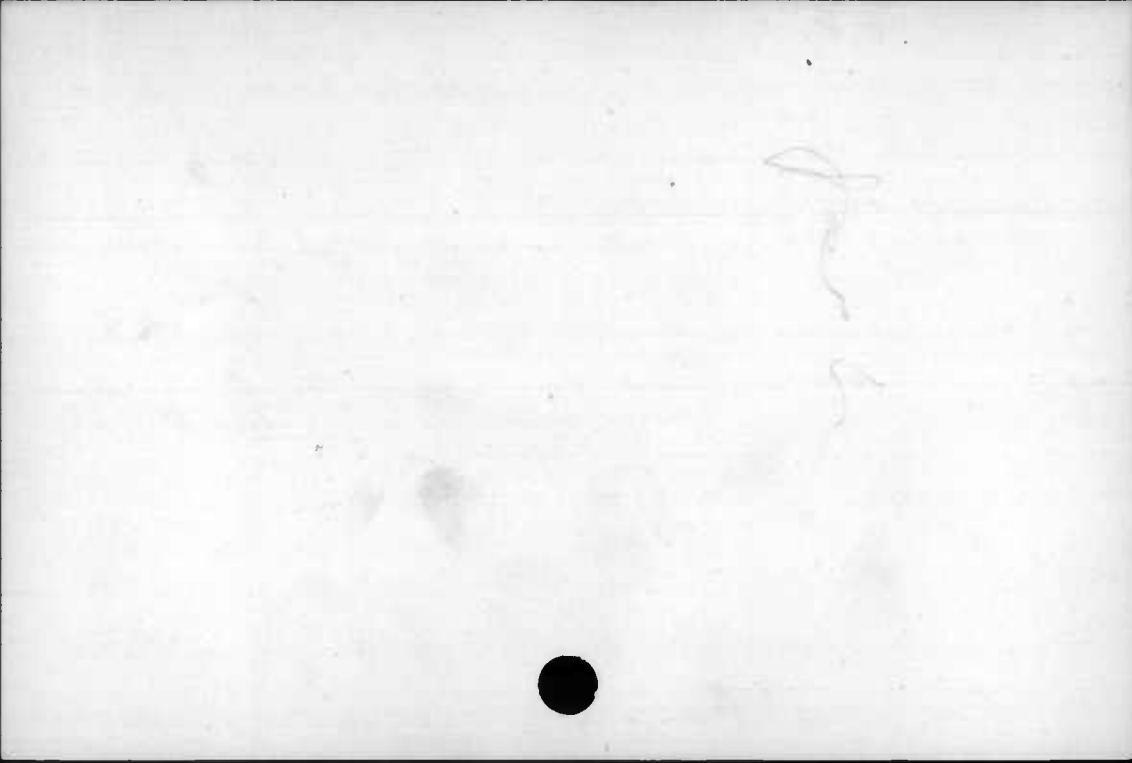
(10)

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>12 years</i>
Immediate <i>Sa. Grippe & Weak Heart</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H.B. Sumner</i>
	Address <i>Chestertown md</i>
Accident or Suicide? <i>No</i>	



Name in Full		Harnet A Ringgold				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Chester town		County Kent		MARYLAND	
	Date of death	190	Month 8	Day 18	Age 68	Years	Months Days
	Sex	Female		Color or Race	Col		Birth-place Md
	Occupation	Sewant			Where Residing if not at place of death		
	Married, Single or Widowed	Widow		Name of Wife or Husband Robt Ringgold			
	Father's Name	Aaron Brown				Father's Birthplace	Md
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
Name of person giving information	Levi Redding				How related to deceased	Cousin	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(79)</div>							
PHYSICIAN OR CORONER	Primary	Mitral Regurgitation				How long	3 months
	Immediate	dilatation without compensation				How long	2 hrs
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		T. G. Impens	
				Address		Chester town	
	Accident or Suicide?		No		Md		



Name In Full		Lula Summons				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	man <i>Bellevue</i> Town		Kent County		MARYLAND							
	Date of death	1908	Month	May	Day	3	Age	Years	19	Months	11	Days	26
	Sex	Female		Color or Race		Black		Birth-place		Kent Co. Ind			
	Occupation	Housewife				Where Residing if not at place of death				man <i>Bellevue</i>			
	Married, Single or Widowed			Name of Wife or Husband									
	Father's Name	Isaac Summons						Father's Birthplace		Canada			
	Mother's Maiden Name	Maggie Brown						Mother's Birthplace		Kent Co. Ind			
Name of person giving information	Isaac Summons						How related to deceased		Father				
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary	Typhoid Fever						How long		3 weeks			
	Immediate	Internal Hemorrhage						How long					
	Are the name, age, sex, color, date and place correctly given above?	yes						Signature of Physician		Edward Abbott			
								Address		Bellevue, Ind.			
	Accident or Suicide?	No											



Name
in
Full

James Polk Sutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Worton Town Kent County

Date of death 1908 Month Mar Day 29 Age 63 Years Months — Days —

Sex male Color or Race White Birth-place md

Occupation Machinist Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Mary Robinson

Father's Name John Sutton Father's Birthplace md

Mother's Maiden Name Unknown Mother's Birthplace Do not know

Name of person giving information John Sutton How related to deceased son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Bright's Disease How long Do not know - Only knew patient 1 wk

Immediate Bright's Disease How long one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. Benge Simmons

Address Chestertown md

Accident or Suicide? no

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James H. Thompson

Town

County

Died at Chestertown Kent

MARYLAND

Date of death 1908 March 21 Age 94

Month

Day

Years

Months

Days

Sex male Color or Race White Birth-place Md

Occupation none

Where Residing if not
at place of deathMarried, Single
or Widowed WidowerName of Wife or
Husband

Martha A Ashley

Father's
Name

Wm. Thomas Thompson

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Wm. C. A. Thompson

How related
to deceased

Son

CAUSES OF DEATH

154

Primary

Old Age

How long

Several years

Immediate

Cardiac failure

How long

Several ~~months~~ ^{minutes}Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

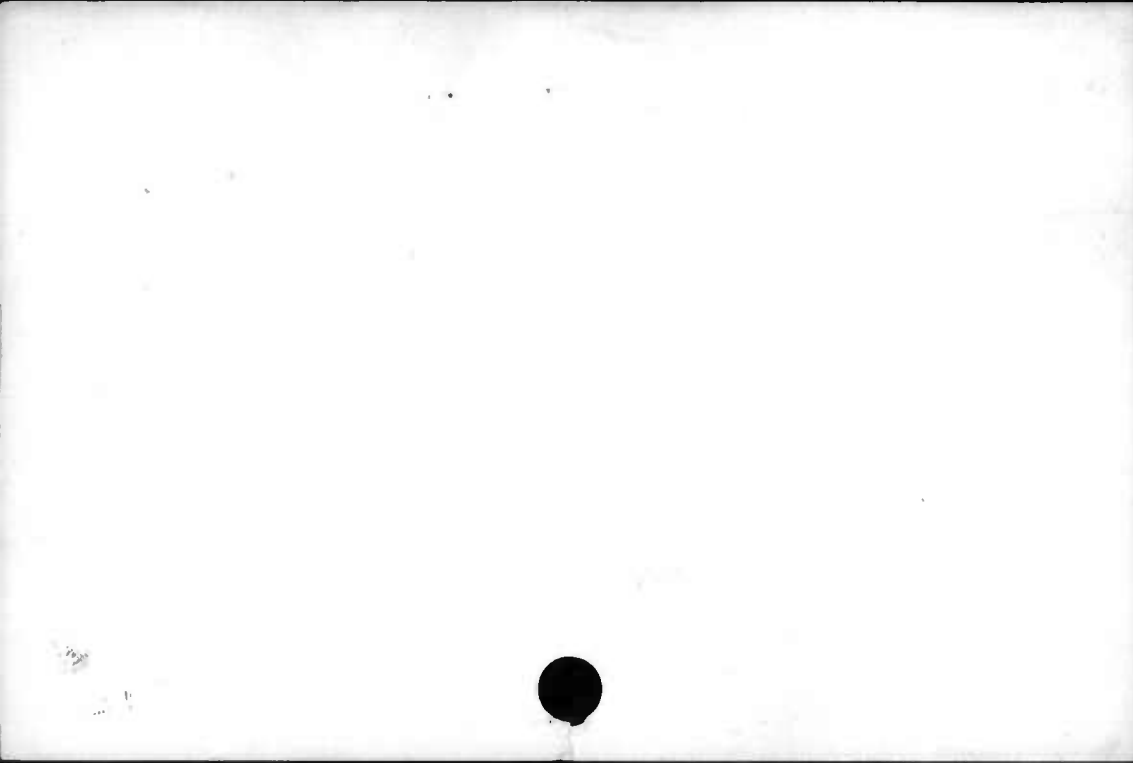
H. F. Simpson

Chestertown
Md

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

James N. Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Chestertown		County Wicash		MARYLAND	
Date of death		1908	Month Mar	Day 21	Age 94	Years	Months Days
Sex		Male		Color or Race		White	
Occupation		None		Birth- place		Md	
Where Residing if not at place of death							
Married, Single or Widowed		Widower		Name of Wife or Husband		Martha A. Ashley	
Father's Name		Wm Thomas Thompson		Father's Birthplace			
Mother's Maiden Name		Unknown		Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	several years
Immediate	Cardiac failure	How long	several months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. E. Simpson	
		Address	
		Chestertown	
Accident or Suicide			



Name
in
Full

Mr. Thomas. James Vickers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bonnet Creek</i>		Town <i>Kent.</i>		County		MARYLAND	
Date of death <i>1908.</i>		Month <i>March.</i>		Day <i>15</i>		Age <i>80</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co md</i>		Months <i>1</i>	
Occupation <i>Farmer.</i>		Where Residing if not at place of death				Days <i>9</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Vickers</i>					
Father's Name <i>Thos. James Vickers</i>		Father's Birthplace <i>Kent Co md</i>					
Mother's Maiden Name <i>Mariah Merritt</i>		Mother's Birthplace <i>Kent Co md</i>					
Name of person giving information <i>Charles Vickers</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 yrs</i>
Immediate <i>Apoplexy</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. W. Wheland</i>
	Address <i>Weston md</i>
Accident or Suicide? <i>No</i>	

L1 - Pauls Cemetery

John N Dodel

Undertaker

Name
in
Full

Harrison Wilson

CERTIFICATE OF DEATH

Died at *near Millington* ^{Town} *Kent* ^{County}

MARYLAND

Date of death *1908* ^{Month} *3* ^{Day} *16* ^{Years} *22* ^{Months} *8* ^{Days} *8*Sex *male* Color or Race *Black* Birthplace *Maryland*Occupation *Barman* *hand* Where Residing if not at place of death~~Married, Single or Widowed~~ *Single* ~~Name of Wife or Husband~~Father's Name *John Wilson* Father's Birthplace *Maryland*Mother's Maiden Name *Jane Washington* Mother's Birthplace *Maryland*Name of person giving information *John Wilson* How related to deceased *Father*

CAUSES OF DEATH

27

Primary *Tuberculosis* *about 2 yrs* ^{How long}

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

S. W. H. Jacobs
Millington
md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

To Bury at Chesterville
undertaken Brattle & Frank
Compton 2nd

Name in Full		Still Born Infant				County		Ment		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Still Pond		Town		Ment		MARYLAND	
		Date of death		1908		Mar		Day		22	
		Sex		Male		Color or Race		Black		Birth-place	
		Occupation				Where Residing if not at place of death					
		Married, Single or Widowed				Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name		James Wilson		Father's Birthplace		Md			
		Mother's Maiden Name		Hellen Redding		Mother's Birthplace		Md			
		Name of person giving information		Alex Redding		How related to deceased		Grandfather			
		CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Still Born.		How long					
		Immediate				How long					
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. S. Maxwell.			
						Address		Still Pond, Md.			
		Accident or Suicide?									

Still Pond